Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

	A F	or the	2011 calendar year, or tax year beginning	and	l ending					
	B CI	heck if oplicable	C Name of organization			D Employer ide	entificati	on number		
		Address change	CENTER FOR UNION FACTS							
		Name change	Doing Business As			20	-403	6946		
		Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone nu	mber			
		Termin-	1090 VERMONT AVE. N.W.	20	2-46	3-7106				
		Amende return	City or town, state or country, and ZIP + 4			G Gross receipts \$ 3,239,543.				
		Applica-	L WASHINGTON, DC 20003			H(a) Is this a gro	up returr			
		pending	F Name and address of principal officer:RIC	HARD BERMAN		for affiliates		Yes X No		
			SAME AS C ABOVE			Н(b) Are all affiliat				
					or 527	-1		(see instructions)		
			:▶ SEE SCHEDULE O			H(c) Group exer				
1			I gernzetron,	sociation Other	L Year	of formation: 200	6 M Sta	ate of legal domicile: DC		
	Ра		Summary	ND EDITOR	TON	DECADDING				
	8		riefly describe the organization's mission or most ABOR UNIONS AND THEIR AC	MD EDUCAT	TON	REGARDING				
	& Governance	_		ntinued its operations or dispo	acod of more	than 25% of its r	ot accet			
	Ver		umber of voting members of the governing body		osea or more	5 (Hall 2070 OF 113)	3	s. 7		
	ဗိ		umber of independent voting members of the governing body				4	6		
	ಳ ೧		otal number of individuals employed in calendar y				5	2		
22	iţi		otal number of volunteers (estimate if necessary)	(· · , ·····,			6 .	0		
2012	Activities		otal unrelated business revenue from Part VIII, co	lumn (C), line 12			7a	0.		
ಣ	^	bΝ	et unrelated business taxable income from Form	990-T, line 34			7b	0.		
-						Prior Year		Current Year		
EC	<u>o</u>	8 C	contributions and grants (Part VIII, line 1h)	781,38		3,238,574.				
	eu		rogram service revenue (Part VIII, line 2g)	RECEIVED	∟ان⊸		0.	0.		
\Box	Revenue	10 Ir	nvestment income (Part VIII, column (A), lines 3, 4	and (a)	(O)	3,26		952.		
Ž		11 C	other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9d, 10c, and 11e)	, 1일[ㅡ	24,22		17.		
SCANNED DEC		12	otal revenue - add lines 8 through 11 (must equal	Partolli, column (A), line-12)	101	808,87		3,239,543.		
Š			irants and similar amounts paid (Part IX, column (50,00	0.	0.		
Ø		14 B	enefits paid to or for members (Part IX, column (A alaries, other compensation, employee benefits (I		-	16,96		27,328.		
	Expenses		rofessional fundraising fees (Part IX, column (A), I		·	2,64		0.		
	ben		otal fundraising expenses (Part IX, column (D), line		506. H	2,03				
	Ä		other expenses (Part IX, column (A), lines 11a-11d			1,128,57	75.	1,351,708.		
			otal expenses. Add lines 13-17 (must equal Part I			1,198,18		1,379,036.		
			levenue less expenses. Subtract line 18 from line			<389,30		1,860,507.		
	Assets or Balances			-	Ве	ginning of Current \	ear	End of Year		
	sets alan	20 T	otal assets (Part X, line 16)			1,270,11		3,161,134.		
	it As	21 T	otal liabilities (Part X, line 26)		<u> </u>	209,31		239,823.		
	컐		let assets or fund balances Subtract line 21 from	line 20		1,060,80	14.	2,921,311.		
		rt II	Signature Block							
			ies of perjury, I declare that I have examined this return,					owleage and belief, it is		
	true,	correct,	and complete. Declaration of prepare other than office	er) is based on all information of v	vnich preparei	1 11	7	<u> </u>		
	٥.		Signature of officer			Date	<u> </u>	<u>د</u>		
	Sigr		RICHARD BERMAN, PRESID	ENT, EXEC. DIRE	ROTO:					
	Her	6	Type or print name and title	BRI, BREC. DIRE	101011					
			Print/Type preparer's name	Rreparer's signature	T	Date , Che	ck	PTIN		
	Paid		IIREYA TORRA	Thereign toss	a	11/9/12 self	-employed	P01272137		
		_	Firm's name RICHARD BERMAN A			Firm's Ell		2-1536666		
			Firm's address 1090 VERMONT AVE							
			WASHINGTON, DC 2			Phone no	. (20	2)463-7100		
	May	the IR	S discuss this return with the preparer shown abo	ove? (see instructions)				X Yes No		
	1320	01 01-23	LHA For Paperwork Reduction Act Notic	e, see the separate instruct	ions.			Form 990 (2011)		

Form	990 (2011) CENTER FOR UNION FACTS	20-403	6946_	Page 2
Par	t III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response to any question in this Part III			\mathbf{x}
1	Briefly describe the organization's mission			
•	EDUCATE THE PUBLIC ON U.S. AND INTERNATIONAL LABOR UNI	ONG AND	מדשעיה	
	<u> </u>	ONS AND	THEIR	
	<u>LEADERSHIP</u>		<u> </u>	
2	Did the organization undertake any significant program services during the year which were not listed on			
	the prior Form 990 or 990-EZ?		Yes	X No
	If "Yes," describe these new services on Schedule O			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s?	Yes	X No
	If "Yes," describe these changes on Schedule O			
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by	expenses	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	-	•	1
	others, the total expenses, and revenue, if any, for each program service reported	or granto and an	004.01.01.0	
4a	100 030			
44	(Code) (Expenses \$ 489,032. including grants of \$ U.) (Rev RESEARCHED AND PROMOTED THE EMPLOYEE RIGHTS ACT (ERA),	LEGISLA	птом	
	DESIGNED TO REFORM EXISTING LABOR LAWS AND PROTECT THE			<u>H</u>
	UNIONIZED AND NON-UNIONIZED EMPLOYEES. ENGAGED IN LIMI		··	
	LOBBYING TO PROMOTE THE ERA IN CONGRESS (SEE SCHEDULE		DUCED	
	PROMOTED ONLINE VIDEOS RESULTING IN ALMOST 500,000 VIE			
	PROMOTED THE ERA AMONG MEMBERS OF THE MEDIA, DEVELOPED	AND LAU	NCHED	Α
	WEBSITE, WWW.EMPLOYEERIGHTSACT.COM, TO EDUCATE THE PUB	LIC ABOU	T THE	
	LEGISLATION. PROMOTED THE LEGISLATION TO THE PUBLIC VI			<u>.</u>
	WROTE AND PLACED OPINION EDITORIALS ABOUT THE LEGISLAT			
4b	(Code) (Expenses \$ 310,976 • including grants of \$ 0 •) (Rev			
713	MAINTAINED TWO RESEARCH-BASED WEBSITES (RECEIVING OVER		ON TH	—— <i>'</i>
	WEBSITE TRAFFIC) AND A BLOG TO EDUCATE THE PUBLIC ON L.			
	ISSUES. WROTE 60 BLOG POSTS ABOUT UNION ISSUES. PROMOT			עוּי
		ENGAGED		
	GOOGLE ADVERTISING TO ENCOURAGE THE PUBLIC, THE MEDIA	AND POLI	CYMAKE	<u>iks</u>
	TO VISIT THE WEBSITE.			
	, , , , , , , , , , , , , , , , , , ,			
4c	(Code) (Expenses \$ 270,659 • including grants of \$ 0 •) (Rev	venue \$)
		EFFORTS	TO EXE	AND
	UNION MEMBERSHIP AND FINANCIAL EXPENDITURES. CONDUCTED			
	RELEASED A WHITE PAPER ON DISPARITIES BETWEEN PUBLIC S.			7 <u>A</u> TE
	SECTOR COMPENSATION RATES.	ECTOR AN	D ENT	WIE.
	SECTOR COMPENSATION RAISS:			
	(100 to 100 to 1			
4d	Other program services (Describe in Schedule O)		-	
	(Expenses \$ 171,610. including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,242,277.			
			Earm QQ	0 (2011)

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19

20a

20b

Х

X

19

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

_b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

complete Schedule G, Part III

	The office of frequency continued			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			ŀ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			₹.
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		х
	Schedule K. If "No", go to line 25	24a		Α.
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
С		24c		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24u		
234	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		-41
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33_		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b				,,
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			₹7
	If "Yes," complete Schedule R, Part V, line 2	36_	 	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37_		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
	Note: 781 Onn 300 niela die required to complete concedule o	, 30	44	ı

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			_
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
		.	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year [14]	4		
	If there are material differences in voting rights among members of the governing body, or if the governing	-		1
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	_		
b	Enter the number of voting members included in line 1a, above, who are independent	힉		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		3,7	
•	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		- T	
	of officers, directors, or trustees, or key employees to a management company or other person?	3	X	v
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	 	X
6 7-	Did the organization have members or stockholders?	6		X
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			v
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		X
U	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	"		
_	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	80	-22	
J	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	, , ,	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		_ <u>X</u> _
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation]		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u></u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection, indicate how you made these available. Check all that apply	avallab	ie	
	for public inspection. Indicate how you made these available Check all that apply. Own website Another's website Upon request			
10	· · ·	d for-	oue!	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.	u iinar	icial	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion: E		
	RICHARD BERMAN - (202) 463-7106	don.		
	1090 VERMONT AVE. N.W., #800, WASHINGTON, DC 20005		_	
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-			1	,

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if neither the organization		orga	anıza			npe	nsat		ŀ	r
(A)	(B)			() Pos	C) ition	,		(D)	(E)	(F)
Name and Title	Average hours per		not c , unle	heck	more	than		Reportable compensation	Reportable compensation	Estimated amount of
	week		cer an					from	from related	other
	(describe	ctor						the	organizations	compensation
	hours for	gig				Eg.		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		یو	Suad		(W-2/1099-MISC)		organization
	organizations in Schedule	tal tr	tonal		lg of	e st com	_			and related organizations
	0)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) RICHARD BERMAN										
PRESIDENT, EXECUTIVE DIRECTOR	9.00	X		X				16,587.	0.	0.
(2) WILLIAM TATTERSALL										
SECRETARY/TREASURER DIRECTOR	0.20	Х		X	<u> </u>	_	_	500.	0.	0.
(3) DANIEL CRONK					ĺ				_	_
DIRECTOR	0.20	X	_			-		500.	0.	0.
(4) CRAIG BRIGHTUP	0.10	v						E00	0.	_
DIRECTOR	0.10	Λ			 			500.	0.	0.
(5) TODD DIENER	0.10	v			ŀ			500.	0.	0.
DIRECTOR (6) RONALD PETTY	0.10	^			-			300.		0.
DIRECTOR	_0.10	x						500.	0.	0.
(7) RICHARD KLEMP	- 0,120	-						3000		
DIRECTOR	0.10	x			Ì			500.	0.	0.
										3-2
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Pai	t VII Section A. Officers, Directors, Tru	<u>ıstees, Key Eı</u>	mple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	` (A)	(B)			•	C)	_		(D)	(E)			(F)	
	nours per box		not c		more	than		Reportable	Reportable			stimate		
		week		, unle cer ar						compensation from related		ar	nount other	
		(describe	ě						the	organization		com	npensa	
		hours for	or director	40			ē		organization	(W-2/1099-MI	SC)	fı	rom th	e
		related organizations	trustee or	Institutional trustee	١,	۰	Highest compensated employee		(W-2/1099-MISC)				janizat	
		in Schedule	lual tr	tonat		ploye	st com	_			Ì		d relat anızatı	
		0)	Indiwdual	nstt	Officer	Key employee	den	Former				Olg.	21 112 G (1	0113
								_						
			-	-			-	_						
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			_	-			-	-						
					-					, , , , , , , , , , , , , , , , , , , 				
		<u> </u>				L.								
1b	Sub-total								19,587.		0.			0.
	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
	Total (add lines 1b and 1c)			1					19,587.		0.			0.
2	Total number of individuals (including but r compensation from the organization	iot limited to tr	iose	IISTE	ed a	DOV	e) Wi	no r	received more than \$100	,000 of reportab	ıe			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e. ke	ev er	nolo	vee	. or	highest compensated e	mplovee on	ſ	-	100	
_	line 1a? If "Yes," complete Schedule J for s			-,	, -		,	,				3		х
4	For any individual listed on line 1a, is the si	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization				
	and related organizations greater than \$15	0,000? If "Yes,	° co	mpl	ete S	Sche	edul	e J	for such individual			4		X
5	Did any person listed on line 1a receive or					-		elat	ted organization or indiv	dual for services	,			
	rendered to the organization? If "Yes," com	plete Schedul	<u>e J 1</u>	or s	uch	pers	son					5		X
	tion B. Independent Contractors								*h-+	#100 000 of one		-4		
1	Complete this table for your five highest co the organization. Report compensation for	=	-								npens	ation i	rom	
	(A) Name and business	address							(B) Description of s	ervices	С) ompe	C) nsatio	n
RICHARD BERMAN AND COMPANY, INC., 1090 ADVERT., RESEARCH,														
VERMONT AVE NW, #800, WASHINGTON, DC 20005 LOBBYING & ACCT											87	0,1	82.	
VI	STA MEDIA CORPORATION,	6400 N	B	EL:	rL]	INI	Œ			ŀ				
	AD, SUITE 210, IRVING,	TX 750	<u>63</u>						ADVERTISING _			14	0,0	00.
	K NEWS NETWORK LLC													
12	11 6TH AVENUE, NEW YOR	K, NY 10	00.	36				_	ADVERTISING			12	5,8	<u>51.</u>
2	Total number of independent contractors (including but n	ot li	mıte	d to	tho	se la	stec	l d above) who received m	ore than				
	\$100,000 of compensation from the organi	zation 🕨				:	3		_					

(1 41		otatement of never			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,
(0, to			1 1					513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
8 5	b	•	1b					
A,ts	С	•	1c					
قِ ق	d	Related organizations	1d					
ă,ë	е	• ,						
를 N	f	All other contributions, gifts, grant						
ΞĘ		similar amounts not included abov	ve <u>1f 3</u> ,	238,574.				
발	g	Noncash contributions included in lines	1a-1f \$					
<u>ರ</u> ್ಜ	b	Total. Add lines 1a-1f		•	3,238,57 4.			
				Business Code				
9	2 a	ı						
اه ≧َ:	b							
중	c							
e e	d							
Program Service Revenue	е				··· -			
٦	f	All other program service reve						
				•			-	
	3	Investment income (including	dividends, intere	est. and	-			
1	_	other similar amounts)	•	▶	952.			952.
	4	Income from investment of tax	k-exempt bond r	proceeds				
	5	Royalties	· champt some p	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
1		· · · · · · · · · · · · · · · · · · ·	(i) Real	(ii) Personal				
	6 a	Gross rents	W///	(1) - 0.00.10.				
	b							
	0	Net rental income or (loss)	L	<u> </u>				
		Gross amount from sales of	(i) Securities	(ıi) Other				
	/ a		(i) Securities	(ii) Other				
		assets other than inventory						
		Less cost or other basis						
		and sales expenses						
		Gain or (loss)	L	I				
	0	J , ,						
e l	8 a	· · · · · · · · · · · · · · · · · · ·	-					
Ş		including \$	of					
- B		contributions reported on line						
Other Revenu		Part IV, line 18	а					
₹		Less: direct expenses	. b	L				
		Net income or (loss) from fund	-					1
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	а					
		Less: direct expenses	b	L				
		Net income or (loss) from gam	_	> _	<u> </u>			
ł	10 a	Gross sales of inventory, less	returns					,
1		and allowances	а					
1	t	Less: cost of goods sold	b					
ļ		Net income or (loss) from sale	s of inventory	<u> </u>				
Ţ		Miscellaneous Revenu		Business Code				
	11 a	PUBLIC DISCLOSU		900099	17.	17.		
ĺ	t	o						
- 1	c							
- 1	c	All other revenue		L				
	e	Total. Add lines 11a-11d		. ▶	17.			
422	12	Total revenue. See instructions.			3,239,543.	17.	0.	
13200	A							Form QQQ (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do -	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				· · · · · · · · · · · · · · · · · · ·
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	_			_
	trustees, and key employees	20,562.		3,000.	<u>17,562</u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,790.		_	4,790
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes .	1,976.			1,976
11	Fees for services (non-employees):				
а	Management	863,031.	791,053.	71,978.	
b	Legal	6,993.	5,947.	1,046.	
С	Accounting	19,000.		19,000.	
d	Lobbying	7,151.	7,151.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	43,091.	42,001.		1,090
12	Advertising and promotion	345,269.	345,269.		
13	Office expenses	17,013.	14,058.		2,955 883
14	Information technology	16,019.	15,136.		883
15	Royalties				
16	Occupancy .				
17	Travel	21,413.	13,063.		8,350
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	93.		93.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	373.	373.		
23	Insurance	4,036.		4,036.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) TAXES LICENSES & FEES	7,836.	7,836.		
_	SUBSCRIPTIONS & PUBLICA	390.	390.	-	
b	POPSCETETIONS & LODDICH	330.	350.		••
c d			<u> </u>		
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,379,036.	1,242,277.	99,153.	37,606
<u>25</u> 26	Joint costs. Complete this line only if the organization	1,3,3,030.		· · · · · · · · · · · · · · · · · · ·	37,000
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Coucational campaign and fulfulaising solicitation.			ì	

	rt X	Balance Sheet					
	•				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,001,714.	1	2,496,072.
	2	Savings and temporary cash investments			242,443.	2	455,744.
	3	Pledges and grants receivable, net			25,029.	3	
	4	Accounts receivable, net				4	208,758.
	5	Receivables from current and former officers, de	rectors,	trustees, key			
		employees, and highest compensated employe	es Com	plete Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	defined	under section			
		4958(f)(1)), persons described in section 4958(c	c)(3)(B), a	and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
		employees' beneficiary organizations (see instru	uctions)			_6_	
ets	7	Notes and loans receivable, net				7_	
Assets	8	Inventories for sale or use				8_	
•	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis Complete Part VI of Schedule D	10a	4,184.			
	ь	Less: accumulated depreciation	10b	3,624.	933.	10c	560.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15	<u></u>	
	16	Total assets. Add lines 1 through 15 (must equ	1,270,119.	16	3,161,134.		
	17	Accounts payable and accrued expenses	209,315.	17	239,823.		
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
ģ	21	Escrow or custodial account liability Complete	Part IV o	of Schedule D		21	
≝	22	Payables to current and former officers, directo	rs, truste	ees, key employees,			
Liabilities		highest compensated employees, and disqualif	ied pers	ons Complete Part II			
⊐		of Schedule L				22	
	23	Secured mortgages and notes payable to unrel	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third p	parties		24	
	25	Other liabilities (including federal income tax, pa	ayables t	o related third			
		parties, and other liabilities not included on lines	s 17-24)	Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25	,		209,315.	26	239,823.
		Organizations that follow SFAS 117, check h	ere 🕨	X and complete			
es		lines 27 through 29, and lines 33 and 34.					
SE SE	27	Unrestricted net assets			1,060,804.	27	2,921,311.
쬞	28	Temporarily restricted net assets				28	
ᅙ	29	Permanently restricted net assets				29	
큔		Organizations that do not follow SFAS 117, or	heck he	ere 🕨 📖 and 🔠			
9		complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed		[31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	ncome, c	or other funds		32	
Z	33	Total net assets or fund balances			1,060,804.	33	2,921,311.
	34	Total liabilities and net assets/fund balances			<u>1,270,119.</u>	34	3,161,134.

Form **990** (2011)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open to Public Inspection

Name of	the organizati	on						E	mployer i	dentification nun	nber
		CENTER	FOR UNION FA	CTS					20	-4036946	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	ist comple	te this par	t) See ins	tructions			
The organ	iization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)				
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i).			
2 🔲	A school des	cribed in section 17	′0(b)(1)(A)(ii) . (Attach Sc	hedule E.)	ı						
з 🔲	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).				
4	A medical res	search organization (operated in conjunction	with a hos	pital desc	ribed in s e	ection 170	(b)(1)(A)(ı	ii). Enter th	ie hospital's name	e,
	city, and stat	e							·		
5 📖	An organizati	on operated for the	benefit of a college or un	niversity o	wned or op	perated by	a govern	mental un	ıt describe	d ın	
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)								
6 🖳	A federal, sta	ite, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).				
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	e general p	ublic described in	1
	section 170(b)(1)(A)(vi). (Comple	te Part II)								
8 🖳	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)						
9 📖	An organizati	on that normally rec	eives (1) more than 33	1/3% of its	support f	rom contr	ibutions, n	nembersh	ip fees, an	d gross receipts f	rom
		-	nctions - subject to certa	•		•				-	
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anızatıon a	iter June 30, 1975	5
		509(a)(2). (Complete	•			_					
10			perated exclusively to te								
11	•	•	perated exclusively for the						•	· ·	r
			ations described in secti				2). See se	ction 509	(a)(3). Che	ok the box that	
		· · · · · · · · · · · · · · · · · · ·	organization and compl		_		taarataal			Type III - Other	
•	a Type		• •	• •	e III - Fund	•	-	r more dia		, ·	_
e		=	it the organization is not han one or more publicl		=	-	-		-		•
f		-	ten determination from t		=				3(a)(1) 01 S	sciion 309(a)(2).	
•		rganization, check th			ut 11 13 ti 1 y	pc 1, 1 ypc	ii, oi Typi	J 111			
g		-	organization accepted ar	nv aift or c	ontribution	from any	of the follo	owing ner	sons?		L
9			irectly controls, either al							Yes	No
			upported organization?		,			(,	(, ,	11g(i)	
	-		n described in (i) above?	•						11g(ii)	
			person described in (i) o		e?					11g(iii)	
h			about the supported or								
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	organization	(v) Did yo	u notify the	(vi) li organizati	s the	(vii) Amount of	
	anization	\ \.''',	organization (described on lines 1-9		sted in your			organizati (i) organiz U.S	zed in the	support	
			above or IRC section	governing	document?	(i) of you	r support?	U.S	5.7		
			(see instructions))	Yes	No	Yes	No	Yes	No		
				ļ <u>.</u>	ļ. <u>. </u>			-			
					-		ļ	<u> </u>			
				ļ	-		 	-			
							1				
				-	 			-	+		
T-4n'											
Total	Dononwork D-	donation And Modica	see the Instructions f			<u> </u>	<u> </u>	0-1	1 1	000 er 000 EZ)	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support	 	·				
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and	(-/	, (- <i>)</i>	1-7	, -,	1-7	
	membership fees received. (Do not						
	include any "unusual grants ")	2489409.	4441762.	1284846.	781,382.	3238574.	12235973.
2	Tax revenues levied for the organ-	·	-				
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2489409.	4441762.	1284846.	781,382.	3238574.	12235973.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						5641290.
6	Public support. Subtract line 5 from line 4						6594683.
	ction B. Total Support					I	7 0001
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	2489409.	4441762.	1284846.	781,382.		12235973.
-	Gross income from interest,				,		
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	2,718.	9,018.	5,346.	3,268.	952.	21,302.
9	Net income from unrelated business			-,,	- 7		
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
-	or loss from the sale of capital						
	assets (Explain in Part IV.)	4,512.	1,551.	5,958.	24,223.	17.	36,261.
11	Total support. Add lines 7 through 10			,			12293536.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for		•	d, fourth, or fifth ta	ıx year as a sectio		
	organization, check this box and stop	-			•	(/ / /	ightharpoons
Sec	ction C. Computation of Publ	ic Support Per	rcentage		-		
14	Public support percentage for 2011 (l	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	53.64 %
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2011. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright \mathbf{X}$
b	33 1/3% support test - 2010. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			ightharpoons
17a	10% -facts-and-circumstances test	t - 2011. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	ns box and stop h	ere. Explain in Pai	t IV how the organ	nization
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a ¡	publicly supported	lorganization		ightharpoons
b	10% -facts-and-circumstances test	t - 2010. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circui	mstances" test, ch	eck this box and	stop here. Explain	in Part IV how the	e
	organization meets the "facts-and-circ	cumstances" test.	The organization o	ualifies as a public	cly supported orga	ınızatıon	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	<u>s</u> ▶
					Sche	dule A (Form 990	or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011			5004	1(0)		Page 3
Part III Support Schedule for	_					
 (Complete only if you checked) 			rganızatıon failed t	o qualify under P	art II. If the organiza	ation fails to
qualify under the tests listed	below, please com	plete Part II.)			- · ·	
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants ")					 	
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge				-		
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	1					
3 received from disqualified persons	<u>;</u>					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		·		ı	1	
Calendar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Amounts from line 6 One of the second securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	\$					
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	3					
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)	<u> </u>					
14 First five years. If the Form 990 is f	or the organization'	s first, second, thii	d, fourth, or fifth to	ax year as a secti	on 501(c)(3) organız	ation,
check this box and stop here						<u></u>
Section C. Computation of Pub	olic Support Pe	rcentage				
15 Public support percentage for 2011		-	column (f))		15	<u>%</u>
16 Public support percentage from 20					16	%
Section D. Computation of Inve						
17 Investment income percentage for 2			ne 13, column (f))		17	%
18 Investment income percentage from	1 2010 Schedule A.	Part III. line 17			18	%

17	investment income percentage	ior	2011 (III)	e ruc,	colun	ırı (ı)	aiviaed	by line	13, column (I))	

18	Investment income percent	tage from 2	2010 Schedule A	, Part III, line 17
----	---------------------------	-------------	------------------------	---------------------

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and	d line 17 is not
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	

33 1/3% support tests -	2010. If the organization	on did not check a b	ox on line 14 or line	19a, and line 1	6 is more than 3	3 1/3%, and
line 18 is not more than 3	33 1/3% , check this bo	x and stop here. The	organization qualif	es as a publich	supported orga	anization

	20	Private foundation.	. If the organization	i did not check a box on line 14	1, 19a, or 19	9b, check this box and	d see instructions
--	----	---------------------	-----------------------	----------------------------------	---------------	------------------------	--------------------

Schedule A (Form 990 or 990-EZ) 2011

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b;
and Part III, line 12. Also complete this part for any additional information. (See instructions)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OPINION EDITORIAL INCOME
EXPENSE REIMBURSEMENT INCOME
SALE OF STUDIES
PUBLIC DISCLOSURE COPY FEE
GRANT REVIEW SERVICE
SALE OF SUPPLY ITEM
HONORARIUM
MISCELLEANOUS INCOME

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

Inspiration Answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-B

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	ations Complete Part III.			
Nar	ne of organization			Empl	oyer identification number
	CENTER	FOR UNION FACTS			20-4036946
Pa	art I-A Complete if the or	ganization is exempt und	er section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organic Political expenditures Volunteer hours	ization's direct and indirect politic	al campaign activities	ın Part IV. ►\$	
Pá	art I-B Complete if the or	ganization is exempt und	er section 501(c)	(3).	
1	Enter the amount of any excise tax			▶ \$	
2	Enter the amount of any excise tax	k incurred by organization manage	ers under section 495	5 ▶\$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
4	a Was a correction made?				Yes No
	o If "Yes," describe in Part IV				
Pa	art I-C Complete if the or	ganization is exempt und	er section 501(c)	, except section 501(c)(3).
1	Enter the amount directly expende	ed by the filing organization for se	ction 527 exempt fund	ction activities > \$	
2	Enter the amount of the filing orga	nization's funds contributed to ot	her organizations for s	section 527	
	exempt function activities			▶ \$	
3	Total exempt function expenditure	s. Add lines 1 and 2. Enter here a	ind on Form 1120-POL		
	line 17b		•	▶ \$	
5	Did the filing organization file Form Enter the names, addresses and e made payments. For each organiza contributions received that were p political action committee (PAC) If	employer identification number (El ation listed, enter the amount pai romptly and directly delivered to	d from the filing organi a separate political org	ization's funds. Also enter th ganization, such as a separa	ne amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

132041 01-27-12

LHA

Schedule C (Form 990 or 990-EZ) 2011

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011	CENTER FOR	UNION FACTS		20-4	036946 Page
Part II-A Complete if the org	ganization is exen	npt under section	n 501(c)(3) and fil	ed Form 5768	-
	ation belongs to an affili	ated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha	re of excess lobbying e	expenditures)			
B Check ▶ ☐ If the filing organiza	ation checked box A an	d "limited control" pro	visions_apply		
	its on Lobbying Expen ditures" means amou			(a) Filing organization's totals	(b) Affiliated grout totals
1a Total lobbying expenditures to infl	luence public opinion (c	rass roots lobbying)		2,347.	
b Total lobbying expenditures to infl				4,812.	
c Total lobbying expenditures (add		, , , , , , , , , , , , , , , , , , , ,		7,159.	
d Other exempt purpose expenditure				1,371,877.	
e Total exempt purpose expenditure)		1,379,036.	
f Lobbying nontaxable amount. Ent	•		n columns.	212,904.	
If the amount on line 1e, column (a)	or (b) is: The lobb	ying nontaxable ame	ount is:		
Not over \$500,000	20% of t	he amount on line 1e			
Over \$500,000 but not over \$1,00	0,000 \$100,000	0 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5	500,000 \$175,000	0 plus 10% of the exc	ess over \$1,000,000		
Over \$1,500,000 but not over \$17	7,000,000 \$225,000	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	00.			
	·				
g Grassroots nontaxable amount (e	nter 25% of line 1f)			53,226.	
h Subtract line 1g from line 1a If ze	ro or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zer	o or less, enter -0-		i	0.	
j If there is an amount other than ze	ero on either line 1h or li	ine 1i, did the organiza	ation file Form 4720	_	
reporting section 4911 tax for this		•		L	Yes I
	4-Year Ave zations that made a se olumns below. See the		do not have to comp		
	Lobbying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount	354,136.	185,334.	194,818.	212,904.	947,19
b Lobbying ceiling amount (150% of line 2a, column(e))					1,420,78
c Total lobbying expenditures	56.	48,927.	1,087.	7,159.	57,22
d Grassroots nontaxable amount	88,534.	46,334.	48,705.	53,226.	236,79
e Grassroots ceiling amount (150% of line 2d, column (e))					355,19

56.

Schedule C (Form 990 or 990-EZ) 2011

2,347.

48,927.

f Grassroots lobbying expenditures

1,087.

52,417.

Schedule C (Form 990 or 990 EZ) 2011 CENTER FOR UNION FACTS 20-403694 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(8	1)	(b)		
of th	e lobbying activity.	Yes	No	Amo	ount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?	-				
	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?		**			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)	on 501(c)	(5), or se	ection		
	501(c)(6).	-				
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	,		
3 Par	Did the organization agree to carry over lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), section	n 501(c)	(5) or se	ction		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				a 3 is	
	answered "Yes."		(2)		J 0, 10	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al				
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
c	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical				
	expenditure next year?		4			
5_	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par	t IV Supplemental Information					
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Pa	rt II-A, and I	Part II-B, lır	ne 1 Also, d	omplete	
this p	part for any additional information.					
			·			
						
			.			
						

SCHEDULE D

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990. ► See separate instructions. Name of the organization **Employer identification number** CENTER FOR UNION FACTS 20-4036946 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only 6 for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

	t XI Reconciliation of Change in Net Assets from Form 990 to	Audi	tod Einan	oial Stat		4036946	Page 4
		Auui	teu rinani		emen		F 4 2
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		3,239	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		1,379	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		1,860	<u>,507.</u>
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments .			7			
8	Other (Describe in Part XIV.)			8			
9	Total adjustments (net). Add lines 4 through 8			9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10		1,860	<u>,507.</u>
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	nts W	/ith Rever	nue per	Returr	1	
1	Total revenue, gains, and other support per audited financial statements				1	3,239	,543.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12						
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b					
c	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV)	2d			1 ,		
e	Add lines 2a through 2d						0.
3	Subtract line 2e from line 1				3	3,239	543.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					3,233	<u>, </u>
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1				
a	Other (Describe in Part XIV)	4b	 		┪		
b	Add lines 4a and 4b	40	<u>. </u>		ا 🗚 🖯		٥
_	·- ·-				4c	3,239	<u> </u>
Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) † XIII Reconciliation of Expenses per Audited Financial Stateme	nte \	With Eyne	neae na			,343.
		1110	THE EXPO	noco po		1,379	026
1	Total expenses and losses per audited financial statements				1	1,313	,030.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ـ ا	I				
a	Donated services and use of facilities	2a					
b	Prior year adjustments	2b	-		-		
С	Other losses	2c	 		-		
d	Other (Describe in Part XIV)	2d	L		-		•
е	Add lines 2a through 2d				2e	4 050	0.
3	Subtract line 2e from line 1				3	1,379	,036.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ı	ı				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			4		
b	Other (Describe in Part XIV.)	4b	L		4		
С	Add lines 4a and 4b				4c		0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	1,379	<u>,036.</u>
	t XIV Supplemental Information						
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,						4; Part
	e 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple						
PAF	RT X, LINE 2: "MANAGEMENT HAS EVALUATED THE	EF	FECT O	F GUI	DANC:	<u> </u>	
PRO	VIDED BY U.S. GENERALLY ACCEPTED ACCOUNTIN	IG P	RINCIP	LES O	N AC	COUNTIN	3
<u>FO</u>	R UNCERTAINTY IN INCOME TAXES. MANAGEMENT B	ELI	EVES T	HAT T	HE C	ENTER	
<u>CO1</u>	ITINUES TO SATISFY THE REQUIREMENTS OF A TA	<u>X-E</u>	XEMPT	<u>ORGAN</u>	IZAT	TA NOI	
DEC	EMBER 31, 2011. MANAGEMENT HAS EVALUATED A	LL	OTHER_	TAX P	OSIT	IONS TH	AT
COT	ULD HAVE A SIGNIFICANT AFFECT [SIC] ON THE	FIN	ANCIAL	STAT	EMEN'	TS AND	
ייתת	PERMINED THE CENTER HAD NO UNCERTAIN INCOME	<u>.</u> Та	א דיים	TTOME	י ייי ב	הבר בא בביי	2
<u> </u>	DALLINED THE CENTER HAD NO UNCERTAIN INCOME	TV	AT LODI	1 T O IN 12	<u> </u>	<u> </u>	
<u>31</u>	2011. THE CENTER'S TAX RETURNS FOR THE TA	X Y	EARS F	ROM 2	800	THROUGH	
10005					Sched	lule D (Form 9	90) 2011
13205 01-23-) 12						

Schedule	D (Forn	n 990) 2011		CENTER	FOR V	UNI	ON F	ACTS		20-4036946 Page 5
Part X	IV Su	n 990) 2011 pplemental l	nfori	nation (con	tinued)					
						BY	тне	INTERNAL	REVENUE	SERVICE."
<u> ZOTO</u>	,111,111	DODOLET		<u> Dim Millio</u>	111011			2112211112	KEVENOE	
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SCHEDULE L

Department of the Treasury

(Form 990 or 990-EZ)

Transactions With Interested Persons

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

2011

OMB No 1545-0047

Open To Public Inspection

Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number Name of the organization 20-4036946 CENTER FOR UNION FACTS Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) Approved (g) Written (a) Name of interested (b) Loan to or from (e) in (c) Original principal (d) Balance due by board or default? agreement? person and purpose the organization? amount committee? Yes No Yes To From Yes No No **Total** Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of the organization assistance

132131 01-19-12

Schedule L (Form 990 or 990-EZ) 2011

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CENTER FOR UNION FACTS	1 20-4036946
FORM 990, PAGE 1, ITEM J:	
WEBSITES INCLUDE THE FOLLOWING:	
UNIONFACTS.COM; LABORPAINS.ORG; TEACHERSUNIONSEXPOSED.CO	OM;
EMPLOYEERIGHTSACT.COM	· · · · · · · · · · · · · · · · · · ·
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
CONTINUED A NATIONAL PROJECT TO EDUCATE THE PUBLIC ON TE	EACHERS' UNIONS,
INCLUDING RESEARCH ON REFORM PROPOSALS, ENGAGING IN GRAS	SSROOTS
COMMUNICATIONS (SEE SCHEDULE C) TO SUPPORT TEACHERS UNIC	ON REFORM,
MAINTAINING A WEBSITE TO PROMOTE RESEARCH FINDINGS, AND	RECRUITING
VISITORS TO THE WEBSITE THROUGH ONLINE ADVERTISING AND T	THROUGH SOCIAL
MEDIA.	
EXPENSES \$ 112,699. INCLUDING GRANTS OF \$ 0. REVENUE	E \$ 0.
WROTE AND SUBMITTED 14 OPINION EDITORIALS AND LETTERS TO	THE EDITOR
THAT WERE PUBLISHED. MEDIA OUTREACH RESULTED IN COVERAGE	E IN 11 RADIO/TV
AND ONLINE/PRINT NEWS OUTLETS.	
EXPENSES \$ 58,911. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 0.
FORM 990, PART VI, SECTION A, LINE 2: PRESIDENT/EXECUTIVE	/E DIRECTOR
RICHARD BERMAN WAS EMPLOYED DURING 2011 BY RICHARD BERMA	AN AND COMPANY, INC.
FORM 990, PART VI, SECTION A, LINE 3: RICHARD BERMAN AND	COMPANY, INC. IS
THE MANAGEMENT COMPANY FOR CENTER FOR UNION FACTS.	and the O. (Form 200) and the Control of the Contro
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sch	edule O (Form 990 or 990-EZ) (2011)

FORM 990, PART VI, SECTION B, LINE 11: CENTER FOR UNION FACTS' FORM 990

WAS REVIEWED BY THE MANAGEMENT COMPANY'S CPAS AND BY MANAGEMENT. MEMBERS

OF THE GOVERNING BODY AND OUTSIDE LEGAL COUNSEL BOTH RECEIVED AND REVIEWED

COPIES OF THIS FORM 990 REDACTED FOR DONOR INFORMATION PRIOR TO ITS FILING.

COMMENTS WERE ADDRESSED BEFORE THE RETURN WAS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: CENTER FOR UNION FACTS ANNUALLY

REQUIRES THE OFFICERS AND DIRECTORS TO READ AND SIGN THE POLICY AND TO

DISCLOSE ANY CONFLICT OF INTEREST THEY MAY HAVE TO THE ENTIRE BOARD. THE

BOARD THEN DECIDES WHETHER OR NOT THERE EXISTS A CONFLICT. ANY OFFICERS OR

BOARD MEMBERS WITH CONFLICTS ARE RECUSED FROM VOTING UPON ISSUES INVOLVING

THEIR PARTICULAR CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE DIRECTORS AND EMPLOYEES IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS; PERSONS WITH CONFLICTS OF INTEREST REGARDING THE COMPENSATION ARRANGEMENT AT ISSUE ARE RECUSED. CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING ARE DONE WITH RESPECT TO DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT. COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS WAS REVIEWED AS OF 2011 FOR THE EXECUTIVE DIRECTOR AND DIRECTOR OF DEVELOPMENT POSITIONS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AZ,AR,CA,CO,CT,DC,FL,GA,IL,KS,KY,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND

OH,OK,OR,PA,RI,SC,TN,VA,WA,WV,WI

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization . CENTER FOR UNION FACTS	Employer identification number 20-4036946
FORM 990, PART VI, SECTION C, LINE 19: CENTER FOR UNION F	ACTS DOES NOT
MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY	AND FINANCIAL
STATEMENTS AVAILABLE FOR PUBLIC INSPECTION EXCEPT THROUGH	THOSE DOCUMENTS
FILED WITH ITS FORM 1023 EXEMPTION APPLICATION (COPY AVAI	LABLE UPON REQUEST
AT THE ORGANIZATION'S HEADQUARTERS IN WASHINGTON, DC) AS	REQUIRED BY LAW.
	·

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property) 990

► See separate instructions. ► Attach to your tax return.

Attachment

OMB No 1545-0172

Sequence No 179 Identifying number

Name(s) shown on return					ess or activity to v	Identifying number		
CEN	TER FOR UNION FACTS			FOF	RM 990 I	PAGE 10		20-4036946
Par	t I Election To Expense Certain Propert	y Under Section 1	79 Note: If yo	ou have any lis	sted property,	complete Part	V before y	ou complete Pa <u>rt</u> I.
1 M	faximum amount (see instructions)						1	500,000.
2 T	2 Total cost of section 179 property placed in service (see instructions)							
3 T	hreshold cost of section 179 property l	before reduction	ın limitation				3	2,000,000.
4 R	eduction in limitation. Subtract line 3 fr	rom line 2 If zero	or less, ent	er -0-			4	
5 D	ollar limitation for tax year Subtract line 4 from line	1 If zero or less, enter	-0- If married fi	ling separately, se	e instructions		5_	
6	(a) Description of pro	perty		(b) Cost (busii	ness use only)	(c) Electe	ed cost	
		-						
7 L	isted property. Enter the amount from	line 29			7			
8 T	otal elected cost of section 179 proper	ty. Add amounts	s in column (c), lines 6 and	17		8	
9 T	entative deduction. Enter the smaller of	of line 5 or line 8					9	
10 C	arryover of disallowed deduction from	line 13 of your 2	010 Form 45	62			10	
11 B	usiness income limitation. Enter the sn	naller of busines	s income (no	t less than ze	ro) or line 5		11	
12 S	ection 179 expense deduction. Add lin	ies 9 and 10, but	t do not ente	r more than li	ne 11		12	
13 C	arryover of disallowed deduction to 20	12 Add lines 9	and 10, less	line 12	▶ 13			
Note	Do not use Part II or Part III below for	listed property	Instead, use	Part V.				
Par	t II Special Depreciation Allowar	ice and Other D	epreciation	(Do not inclu	ide listed prop	erty)		
14 S	pecial depreciation allowance for quali	fied property (ot	her than liste	ed property) p	laced in service	e during		
ti	ne tax year						14	
15 P	roperty subject to section 168(f)(1) elec	ction					15	
16 C	other depreciation (including ACRS)						16	
Par	t III MACRS Depreciation (Do not	include listed p	roperty) (Se	e instructions)			
			Se	ection A				
17 N	ACRS deductions for assets placed in	service in tax ye	ears beginnir	ng before 201	1		17	373.
18_if	you are electing to group any assets placed in servi	ce during the tax year	into one or more	general asset acc	counts, check here	▶ □		
	Section B - Assets I	Placed in Servic	e During 20	11 Tax Year	Using the Ge	neral Depreci	ation Syste	em
	(a) Classification of property	(b) Month and year placed in service	(business/i	or depreciation nvestment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property]						
С	7-year property]						
d	10-year property	1						
е	15-year property	1						
f	20-year property]			1	Ì		
g	25-year property				25 yrs.		S/L	
		/			27.5 yrs.	MM	S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L	
		/			39 yrs	MM	S/L	
i	Nonresidential real property	/			1	MM	S/L	
	Section C - Assets PI	aced in Service	During 201	1 Tax Year U	sing the Alte	rnative Depre	ciation Sys	tem
20a	Class life						S/L	
b	12-year				12 yrs.		S/L	
	40-year				40 yrs	ММ	S/L	
Par	t IV Summary (See instructions)				_			
	isted property. Enter amount from line	28		•			21	
	otal. Add amounts from line 12, lines 1		nes 19 and 2	0 ın column (c), and line 21			
	nter here and on the appropriate lines			_		tr.	22	373.
	or assets shown above and placed in s	-				· · · · · · · · · · · · · · · · · · ·		
	ortion of the basis attributable to section	=		,	23			
11625 · 11-21-			separate in	structions.	. == 1	· . · ·	·· <u> </u>	Form 4562 (2011)

Part VI Amortization (b) (f) (c) (d) (e) (a) Date amortization Description of costs Amortizable Amortization Amortization for this year 42 Amortization of costs that begins during your 2011 tax year: 43 Amortization of costs that began before your 2011 tax year 43 44 Total. Add amounts in column (f). See the instructions for where to report 44

118252 11-18-11

Form 4562 (2011)

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

								
	re filing for an Automatic 3-Month Extension, comple					► X		
	re filing for an Additional (Not Automatic) 3-Month Ex							
	omplete Part II unless you have already been granted a							
Electronic	c filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tim	e to file (6 months for	a corporation		
required to	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fil	e Form 8	868 to reque	st an extension		
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for T	ransfers.	Associated \	With Certain		
Personal E	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	n the ele	ctronic filing	of this form,		
visit www.	irs.gov/efile and click on e-file for Charitles & Nonprofits							
Part I	Automatic 3-Month Extension of Time	. Only s	submit original (no copies nee	eded).				
A corporat	tion required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and c	omplete				
Part I only	,					. ▶ 🔲		
All other c	orporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	t an exter	nsion of time			
to file inco	me tax returns.							
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	mployer identification number (EIN)			
print								
•	CENTER FOR UNION FACTS		_	X	20-40	36946		
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	Social security number (SSN)			
filing your	1090 VERMONT AVE. N.W., NO	. 800			_			
neturn See netructions.	City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions.					
	WASHINGTON, DC 20005							
Enter the I	Return code for the return that this application is for (file	a separa	te application for each return) 🗼 👝			. 01		
		,						
Application	on	Return	Application			Return		
s For		Code	is For			Code		
Form 990		01 Form 990-T (corporation)						
Form 990-	BL	02	Form 1041-A			08		
Form 990-	EZ	01	Form 4720					
Form 990-	PF	04	Form 5227					
Form 990-	T (sec. 401(a) or 408(a) trust)	05	5 Form 6069					
	T (trust other than above)	06	Form 8870					
	RICHARD BERMAN							
• The bo	oks are in the care of > 1090 VERMONT AV	VE. N	.w., #800 - WASHING	GTON,	DC 20	005		
	one No.▶ (202) 463-7106		FAX No. ► (202) 420-					
	rganization does not have an office or place of business	s in the Ur				▶ □		
	s for a Group Return, enter the organization's four digit				r the whole o	aroup, check this		
box ▶_[. If it is for part of the group, check this box		ch a list with the names and EINs of		-	•		
	quest an automatic 3-month (6 months for a corporation							
	•	-	tion return for the organization name		The extension	วก		
	r the organization's return for:				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	X calendar year 2011 or							
_	tax year beginning	. an	d ending					
					_			
2 If the	e tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return F	inal retur	'n			
	Change in accounting period							
L								
0- 1/41			eter the tentative tay loss any					
	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	or buby, e	nter the tentative tax, less any	3a	\$	0.		
	refundable credits. See instructions.	• • • • • • • • • • • • • • • • • • • •	notice debte and	38	<u> </u>	<u>~.</u>		
b if this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					0.			
	mated tax payments made. Include any prior year overp			3b	\$	<u> </u>		
	ance due. Subtract line 3b from line 3a. Include your pa			3-	*	0.		
by u	sing EFTPS (Electronic Federal Tax Payment System).	see instru	CRIONS.	3c				
	f you are going to make an electronic fund withdrawal v			1111 00/9		868 (Rev. 1-2012)		
LHA Fo	or Privacy Act and Paperwork Reduction Act Notice,					UUG (NEV. 1'2012)		
123841	Certified Mail #	7011	2000 0002 6284	1 10	82			

Form 886	S8 (Rev. 1-2012)					Page 2		
	are filing for an Additional (Not Automatic) 3-Month Ex					ightharpoons		
Note. Or	nly complete Part II if you have already been granted an a	automatic	3-month extension on a previously f	iled Form	8868.			
	are filing for an Automatic 3-Month Extension, comple							
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	nal (no c	copies neede	ed).		
			Enter filer's	identifyir	ng number, se	instructions		
Type or	pe or Name of exempt organization or other filer, see instructions					Employer identification number (EIN) or		
print	nt							
File by the	CENTER FOR UNION FACTS	_ X	X 20-4036946					
Number, street, and room or suite no. If a P.O. box, see instructions.					Social security number (SSN)			
filing your return See						_ 		
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
	WASHINGTON, DC 20005							
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1		
					 			
Applicat	tion	Return	Application			Return		
Is For		Code	is For			Code		
Form 99		01						
Form 99		02	Form 1041-A			08		
Form 99		01	Form 4720			09		
Form 99		04	Form 5227 Form 6069			10		
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870					12			
	o not complete Part II if you were not already granted			riously file	ad Form 8868			
SIGHT	RICHARD BERMAN		Hado o monar extendion on a pro-	I COUNTY THE	54 / 5//// 6565/			
• The h	ooks are in the care of 1090 VERMONT A		.w., #800 - WASHIN	GTON.	DC 2000	0.5		
	hone No. ► (202) 463-7106	121 1	FAX No. ▶ (202) 420-	7862				
	organization does not have an office or place of busines	s in the U						
	is for a Group Return, enter the organization's four digit			f this is fo	r the whole aro	up, check this		
	. If it is for part of the group, check this box	_	ach a list with the names and EINs of					
			BER 15, 2012.					
	r calendar year 2011, or other tax year beginning		, and endin	g				
	he tax year entered in line 5 is for less than 12 months, of	check reas	on: Initial return	Final r	return			
	Change in accounting period							
7 St	ate in detail why you need the extension							
A)	DDITIONAL INFORMATION IS YET	REQU	IRED IN ORDER TO P	RODUC	E A COM	PLETE		
ĀJ	ND ACCURATE TAX RETURN.							
8a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any					
no	nrefundable credits. See instructions.			8a	\$	0.		
b lft	his application is for Form 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and estimated					
	payments made. Include any prior year overpayment al				}			
pr	eviously with Form 8868.			8b	\$	0.		
c Ba	lance due. Subtract line 8b from line 8a. Include your pa	ayment wit	h this form, if required, by using					
EF	TPS (Electronic Federal Tax Payment System). See instr	uctions.		8c	\$	0.		
			st be completed for Part II o					
Under per	nalties of permy, declare that I have examined this form, include	ling accomp	nanying schedules and statements, and to	the best o	if my knowledge a	and belief,		
il is true, (correct, and complete, and that I am authorized to prepare this fo	villi.	s		61-1			
<u>Signature</u>	Title	Yres	ident	Date	8/2/1	2		
					Form 886	8 (Rev 1-2012)		

Certified Mail # 7011 2000 0002 6284 1198

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